

Declaration of Gender Designation Change for New Jersey Motor Vehicle Commission (MVC) Driver License or Identification Card

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PART ONE: TO BE COMPLETE	D BY APPLICANT			
Name: Last	First	M.I.	Date of Birth	
Street Address	City/State	Zip Code	License/ Identification Number	
I wish to change the gender designation on my driver license/identification card to read: M or F (circle one).				
I hereby certify, under penalty of law, that this request for change of sex designation is for the purpose of making my driver license/identification card reflect my gender identity, and is not for fraudulent or other unlawful purposes.				
Signature:		Date:		
Note: You must surrender your current driver's license or identification card and obtain a duplicate for the standard fee of \$11.00. In order to change a name on a driver license or identification card, you will need to follow MVC procedures, available at any motor vehicle agency/regional service center or online at www.njmvc.gov .				
PART TWO: TO BE COMPLETED BY LICENSED MEDICAL OR SOCIAL SERVICE PROVIDER				
Provider Last Name	Provider First Name		Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City	St	tate Zip Code	
Provider Phone	Provider Email	Provider Organiza	ation or Professional License Number	
I am a licensed: Physician Therapist or Counsel Social Worker Other (please describ				
My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):				
Male Female and can reasonably be expected to continue as such for the foreseeable future.				
I hereby certify, under penalty of law, that the foregoing information is true and correct.				
Signature: Date:				
(A misstatement of fact or false statement made in this or any application is punishable by fine and/or imprisonment and may result in the suspension of driving privileges. (N.J.S.A. 39:3-37))				